FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # **P96000091195 (3)**

U.S.-EURO IMPORT-EXPORT CORP.

Principal Place of Business Mailing Address % PETER J. JAENSCH **% PETER J. JAENSCH** 3400 S. TAMIAMI TRAIL, SUITE 303 3400 S. TAMIAMI TRAIL. SUITE 303 SARASOTA FL 34239-6023 SARASOTA FL 34239 3. Date Incorporated or Qualified 3a. Date of Last Report 11/06/1996 2. Principal Place of Business 2a. Mailing Address FE<u>I N</u>umber Applied For 65-0 07100 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032. ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JAENSCH, PETER J 3400 S. TAMIAMI TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 303 SARASOTA FL 34239 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE Change TITLE 1.1 TITLE Addition BARTKUS, HARTMUT NAME 1.2 NAME CR2E034 2315 S.W. 45TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33914 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY ST - ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME

information indicated on this annual isoport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corresponding or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged, or on an attachment with an address. 4. RADILLIC

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

Change

Addition

Addition

FILED

Feb 13 1997 8:00am

Secretary of State